

Application Data Sheet**Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	N/A
CD-ROM or CD-R?::	None
Sequence submission?::	Paper
Computer Readable Form (CRF)?::	Yes
Number of copies of CRF::	1
Title::	MUCOSAL IMMUNIZATION TO PREVENT PRION INFECTION
Attorney Docket Number::	05986/100M536-US1
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	1
Total Drawing Sheets::	5
Small Entity?::	Yes
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Thomas
Family Name::	Wisniewski
City of Residence::	Staten Island
State or Province of Residence::	NY
Country of Residence::	US
Street of mailing address::	86 Ward Avenue
City of mailing address::	Staten Island
State or Province of mailing address::	NY
Postal or Zip Code of mailing address::	10304

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Iceland
Status:: Full Capacity
Given Name:: Einar
Middle Name:: M.
Family Name:: Sigurdsson
City of Residence:: New York
State or Province of Residence:: NY
Country of Residence:: US
Street of mailing address:: 131 East 93rd Street, Apt. 5C
City of mailing address:: New York
State or Province of mailing address:: NY
Postal or Zip Code of mailing address:: 10128

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Uruguay
Status:: Full Capacity
Given Name:: Jose
Middle Name:: Alejandro
Family Name:: Chabalgoity
City of Residence:: Montevideo Cp
Country of Residence:: Uruguay
Street of mailing address:: Mac Eachen 1426
Ap 101
City of mailing address:: Montevideo Cp
Country of mailing address:: Uruguay
Postal or Zip Code of mailing address:: 11600

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Argentina
Status:: Full Capacity
Given Name:: Fernando
Middle Name:: R.
Family Name:: Goni

City of Residence:: Montevideo Cp
Country of Residence:: Uruguay
Street of mailing address:: Bvar Espana 2904 Ap 901
City of mailing address:: Montevideo Cp
Country of mailing address:: Uruguay
Postal or Zip Code of mailing address:: 11300

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Blas
Family Name:: Frangione
City of Residence:: New York
State or Province of Residence:: NY
Country of Residence:: US
Street of mailing address:: 330 East 38th Street, Apt. 35B
City of mailing address:: New York
State or Province of mailing address:: NY
Postal or Zip Code of mailing address:: 10016

Correspondence Information

Correspondence Customer Number:: 07278

Representative Information

Representative Customer Number:: 07278

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/US04/16242	05/20/04
PCT/US04/16242	An application claiming the benefit under 35 USC 119(e)	60/472,262	05/20/03

Foreign Priority Information

Assignee Information

Assignee name::	New York University
Street of mailing address::	70 Washington Square South
City of mailing address::	New York
State or Province of mailing address::	NY
Postal or Zip Code of mailing address::	10012